

Correctional Mental Health Care in Maryland

Increasing Quality while Reducing Costs



Presented January 26, 2013
American Correctional Association Winter Conference

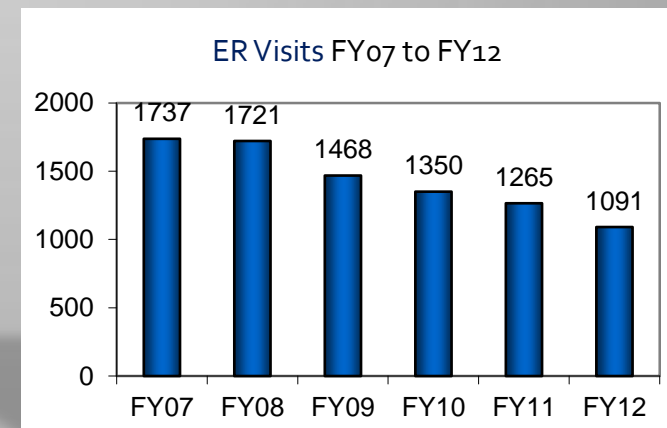
Improving Health Care in Corrections

- Traditional corrections model not equipped to handle mentally ill population
 - 50% of incarcerated population has mental health issue – according to BJS
- Today in MD we are proactively addressing overall health/mental health care needs
 - Departmental reorganization
 - Investing in technology infrastructure
 - Creating and leveraging partnerships

Proactive Health Care

Health Care Became a Priority in MD's Prisons in 2007

- Increased education and outreach for infectious diseases
 - HIV testing up 308% since FY 2007
 - Infectious disease admits reduced 59% since FY 2008
- Reduction in overall emergency room visits
 - Down 37% since FY 2007
 - MD ER trip rate = 49/1,000 inmates
 - Well below NCCHC standard of less than 100/1,000
 - Result of proactive care, better staff training



Proactive Health Care

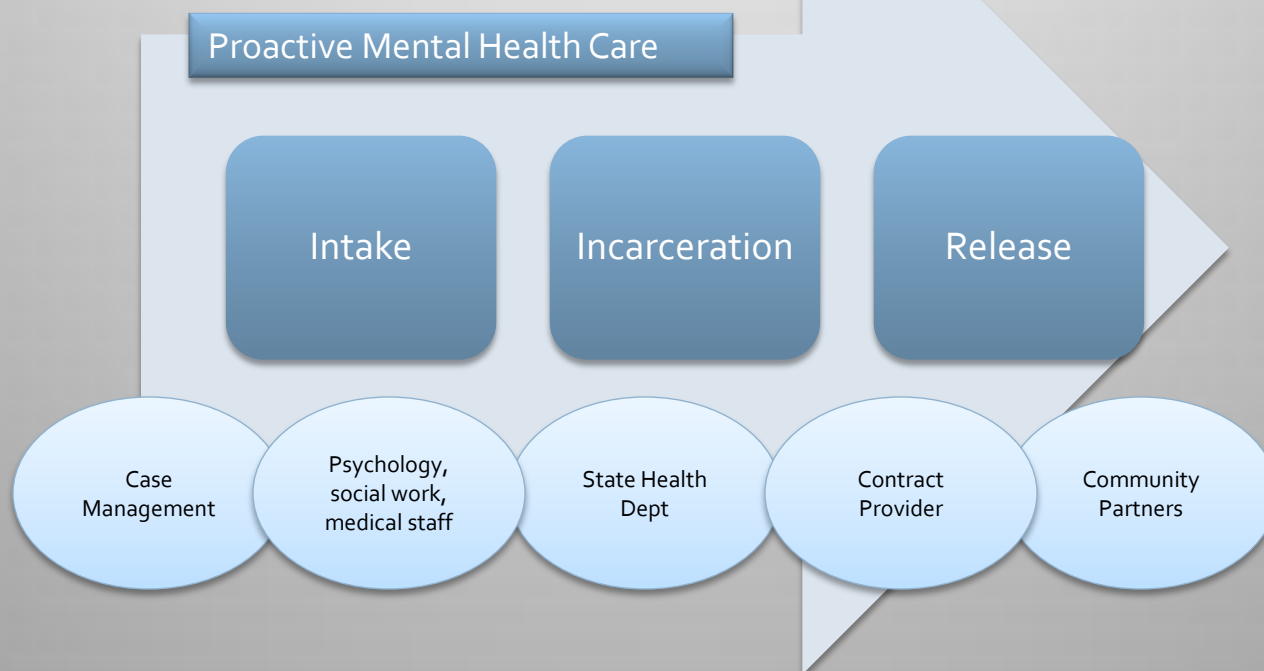
Health Care Became a Priority in MD's Prisons in 2007

- Improvements in technology
 - Implemented electronic health records in 2007
 - Incorporated mental and medical records into same system
 - Harnessing efficiency of telemedicine
 - Used for training, connection to outside health experts
 - Looking forward – 18 high-tech machines purchased, paid for through Medicaid savings



Proactive Mental Health Care

- Proactive mental health care starts at intake, constantly preparing offender for successful release
 - Involves many key players along the way



Proactive Mental Health Care

Mental Health Care Starts at Intake

- DPSCS Reorganization
 - New integrated supervision means renewed focus on reentry from intake to release
 - Addressing mental health issues begin DAY 1
 - Collaborative/dynamic approach to mental health that is both multi-disciplinary and multi-vendor
 - Regional approach means improved partnerships with local service providers
- Made possible by \$15 million investment in web-based Offender Case Management System (OCMS)
 - OCMS linked with Electronic Health Record
 - Real-time updates of offender progress and release dates for efficient health care planning

Proactive Mental Health Care

Mental Health Care Starts at Intake

- Datalink – began March 2012
 - Developed MOU with MD Dept. of Health and Mental Hygiene (DHMH) to share information
 - Daily electronic matching of arrest records at Pretrial facility in Baltimore City
 - Prior to Datalink mental health history/medication self-reported by offender
 - To date, 49% of arrests in Baltimore match a DHMH record



Proactive Mental Health Care

Addressing Mental Health Issues During Incarceration

- Residential mental health units
 - 350 beds across the state
 - Work with DHMH when necessary on cases that would be better served in hospitals
- Programming geared towards offenders with similar mental health backgrounds
 - Example: Veterans
- Levels program for offenders on segregation
 - Treatment plan developed to help offender return to least restrictive environment
 - Next steps include tracking effectiveness



Proactive Mental Health Care

Addressing Mental Health Issues During Incarceration

- Crisis intervention and suicide prevention
 - Critical Incident Stress Management teams
 - Weekly suicide prevention discussions
 - 6 suicides during FY 2012 vs. 10 in FY 2007
- Federal Detainees – a new challenge for MD
 - Took intense coordination of partners
 - All Departmental health policies now comply with Federal and ACA standards



Proactive Mental Health Care

Continuity of Mental Health Services Upon Release

- Reorg creates better local partnerships for offenders returning to society
 - Other government agencies
 - Community service providers
 - Began face to face visits with many partners to improve relationships/open lines of communication
- Datalink – same records that provided valuable information at intake also help DPSCS match offender to previous community providers upon release

Proactive Mental Health Care

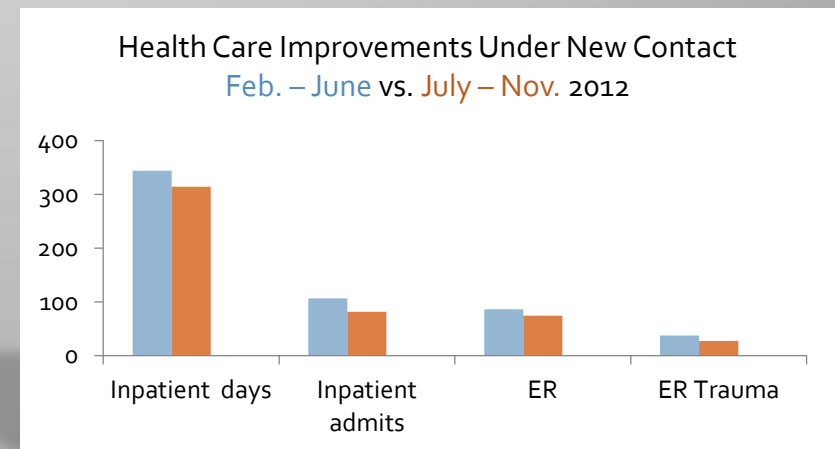
Continuity of Mental Health Services Upon Release

- Patuxent Institution intensive transition unit
 - 32 beds
 - Prepares seriously ill for release one year prior
 - Matches offenders to intensive aftercare program
 - Behind the Fence (Federal Second Chances) Grant received April '12
 - Will improve community connections for this population

Cost Effective Health Care

Managed Care Contract

- Old contract – Fee for Service
 - Monitoring is fiscal and billing accuracy
- New Contract – Health Maintenance (began July '12)
 - Coordinates multi-disciplinary team including psychology, social work, community supervision, medical, dental and pharmacy
 - 8 new nurse release planners
 - \$3 million in savings to date



Cost Effective Health Care

Managed Care Contract

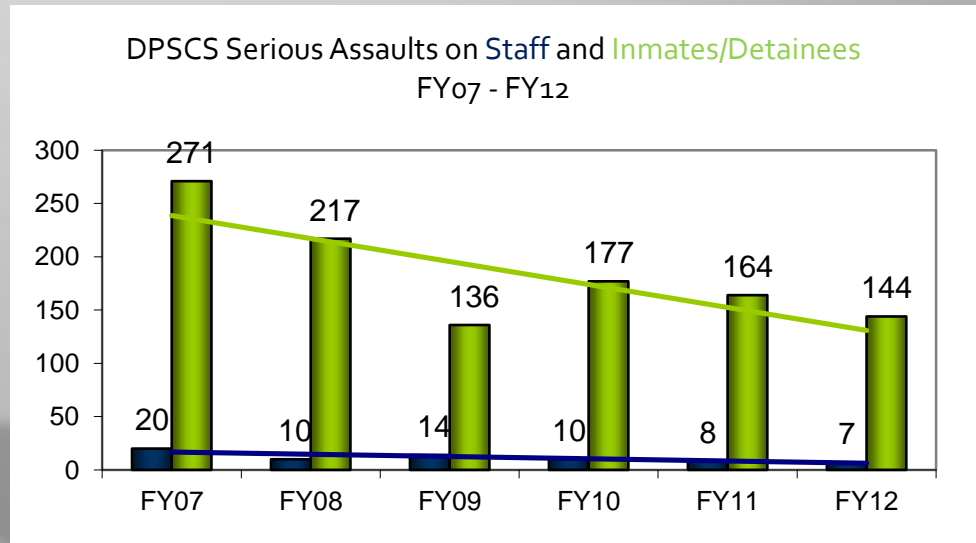
- MHM portion of contract key
 - Mental health staffing increased by 33 position
 - 4 new mental health release planners
 - Impressive community contacts for release planning



Cost Effective Health Care

Additional Cost Savings

- Proactive overall health care can reduce trips to the hospital, fewer long-term care costs for infectious disease treatment
- Improved mental health care can mean fewer disruptive incidents behind the fence
 - 65% drop in serious assaults on staff since FY 2007
 - 47% drop in serious inmate on inmate assaults



Cost Effective Health Care

Additional Cost Savings

- Utilizing Medicaid to pay for inpatient hospital admissions
 - Recovered savings reinvested into technical infrastructure improvements
 - Telemedicine
 - Digital x-rays
- Continuity of service from intake to release means no gaps in mental/medical health needs
 - Reorg makes better communication with local providers more efficient
- Ultimate savings = **REDUCED RECIDIVISM**
 - Increasing the quality of care means offender leaves supervision better than when he arrived
 - In MD recidivism rate dropped from 48.5% in 2007 to 43.3% today



Presented January 26, 2013
American Correctional Association Winter Conference